DOCUMENT RESUME

ED 437 237 RC 022 175

AUTHOR Wyn, Johanna; Stokes, Helen; Stafford, John
TITLE Young People Living in Rural Australia in the 1990s. Research Report 16.
INSTITUTION Melbourne Univ. (Australia). Youth Research Centre.
ISBN ISBN-0-7340-1346-9
PUB DATE 1998-03-00
NOTE 43p.
AVAILABLE FROM Youth Research Center, University of Melbourne 3010, Australia ($15 Australian dollars plus $10 Australian dollars postage and handling).
PUB TYPE Reports - Research (143)
EDRS PRICE EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Access to Education; Community Programs; Community Role; Delivery Systems; Elementary Secondary Education; Foreign Countries; *Indigenous Populations; *Resilience (Personality); Rural Areas; Rural Education; *Rural Youth; Social Problems; Student Attitudes; Unemployment; *Well Being; *Youth Problems
IDENTIFIERS *Access to Health Care; *Australia

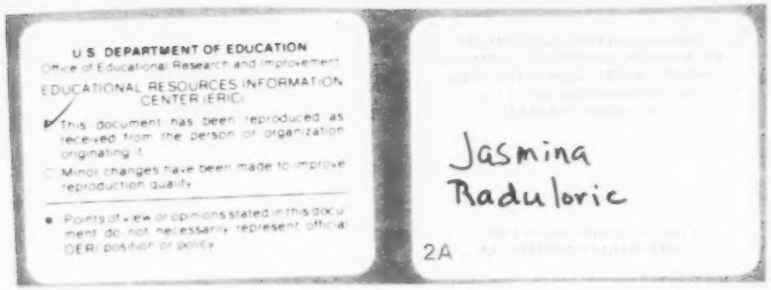
ABSTRACT

This report examines the challenges facing young people living in rural Australia in relation to their health and well-being and explores the relevance of personal resilience to offset these challenges. Specifically, the report synthesizes the literature on rural Australian youth and the results of focus groups undertaken in five rural communities. In general, the findings of the focus groups tend to confirm the results of the literature review. Some young people were positive about living in the country, especially with regard to availability of sports activities. Others, especially in towns that had experienced population loss as a result of unemployment, were negative about their futures. Structural challenges affecting rural youth include lack of transportation, health and community services, public housing, and educational and employment opportunities. Social and cultural challenges include gender issues, the high suicide rate among Australia's rural youth, social isolation, and social division. The health and well-being of Aboriginal youth is especially in jeopardy. Resilience-based strategies offer a politically and socially acceptable approach for schools and communities to address specific health and education issues. Community strategies for policy development include recognizing the needs of young people living in low-density areas; the importance of community involvement; promoting agency collaboration; accounting for local diversity and specific needs; and gauging the sustainability of programs. The report also identifies areas for additional research, specific recommendations for schools and interagency collaboration, and examples of community programs geared toward rural youth and the development of personal resilience. (Contains 52 references.) (LP)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 437 237

Research Report 16


U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.
Jasmina Radulovic
2A

YOUNG PEOPLE LIVING IN RURAL AUSTRALIA IN THE 1990s

Johanna Wyn
Helen Stokes
John Stafford

BEST COPY AVAILABLE

Youth Research Centre
March 1998

YOUNG PEOPLE LIVING IN RURAL AUSTRALIA IN THE 1990s

Johanna Wyn
Helen Stokes
John Stafford

Youth Research Centre
March 1998

First published March 1998 by the:

Youth Research Centre
Faculty of Education
University of Melbourne
Parkville 3052

Phone: (03) 9344 9633
Fax: (03) 9344 9632

ISBN: **0 7340 1346 9**

Acknowledgements

This report was commissioned by the organising committee of the National Rural Public Health Forum, on behalf of the Commonwealth Department of Health and Family Services and the Department of Primary Industries and Energy.

Dr. Malcom Turnbull provided valuable research assistance through the preparation of the literature search and the compilation of a comprehensive bibliography. Narelle Needham supported the project by participating in the focus groups and by offering valuable comment on the drafts of the report.

© **Youth Research Centre**

All rights reserved. No part of this report may be reproduced or utilised in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage, without permission in writing from the Youth Research Centre.

The views expressed in this paper are those of the authors and are not necessarily those of the Youth Research Centre, the Faculty of Education, The University of Melbourne, the Department of Health and Family Services or the Department of Primary Industries and Energy.

Table of Contents

	Page
Introduction	4
Overview	6
Challenges to Health and Well Being: Structural and Cultural	9
Structural Challenges to Well Being	9
a) Transport	10
b) Health and community services	10
c) Accommodation	13
d) Education and employment	13
Social and Cultural Challenges to Well Being	15
a) Gender relations	15
b) Suicide	16
c) Social isolation and youth culture	17
d) Social division	18
Resilience	20
Challenges and Community Strategies	22
a) Recognition of low density	22
b) Local involvement	23
c) Collaboration	23
d) Diversity	24
e) Sustainability	25
Gaps	27
a) Research	27
b) Models of best practice	28
Recommendations	29
Schools	29
TAFE/University	30
Inter-agency collaboration	31
Health and other services for young people	32
Appendix: Examples of Community Strategies	33
References	38

Introduction

This report explores the challenges facing young people living in rural Australia in terms of their health and well being and the factors which contribute towards resilience. The report draws on the available literature: research reports, articles and government and agency reports on young people in rural Australia. The views expressed in the literature have been tested against the views and experiences of young people and professional workers who are associated with young people, through a series of focus groups, undertaken in five rural areas Dubbo (NSW), Wangaratta, Myrtleford, Wodonga and Trafalgar (Victoria). In addition, feedback has been obtained from participants in the National Rural Public Health Forum (1997) where this report was presented.

'Getting a life' is a challenging process for all young Australians, because they are the post' 70s generation. They are the first generation to enter adulthood in a society in which structural unemployment prevents a substantial proportion of young people from gaining a livelihood. At the same time, public responsibility and support for social and civic life is under challenge. Young people growing up in rural communities and in isolated regions face these issues even more sharply than their urban counterparts, because structural change to the rural economy has dramatically affected the very fabric of their communities. Young Aboriginal people continue to struggle to come to terms with the effects of the destruction of their traditional way of life. Young non-Aboriginal people in rural areas face changes to traditional rural lifestyles.

Population loss, economic shifts in the rural sector, resulting in a declining contribution of the rural sector to GDP and to employment have affected the structure of many rural communities. At the same time, rural education and other services are increasingly unable to provide the necessary ingredients to service the rural population, as policies driven by concerns with efficiency and the need to reduce public spending result in the withdrawal of health, social welfare and educational services to rural communities across Australia.

There is now widespread concern that the rapid structural transformation occurring in rural Australian communities is so disruptive to traditional ways of livelihood that young people can see no place for themselves. Researchers who have begun to map the effects of this change have identified new forms of social and economic inequality. The decline of the rural economy is associated with the emergence of new forms of economic activity, which offer benefits and opportunities for some.

The purpose of this report is to provide an overview of the situation of young people in rural Australia, in terms of their health and well being. It aims to identify the challenges which young people face as well as the challenges for policy makers. The paper explores the relevance of the concept of 'resilience' as a strategy for identifying successful strategies, positive outcomes and directions for policy.

At the turn of the century, rural youth were a significant image for a young, developing and hopeful country, depicting health, optimism and well being.

> 'Boys and girls who live outside of our cities we salute you - (In you) is found the best of home, country, kindred, sunshine and love - every instinct that the heart most deeply enshrines (**Bulletin**, 13 March, 1922, quoted in Bessant, 1993: 82).

It has been suggested that the myth of rural life played an important part in the symbolism of Australia as a nation. Perhaps it is significant that in the latter part of the century, circumstances of rural youth are portrayed more negatively. This more negative portrayal may be in recognition of the fact that many rural communities are now struggling with social change and its implications. The myths of rural society continue to offer a symbolic representation of the struggles of wider Australian society.

However, at the same time, it is also important to recognise that young people in rural communities do meet the challenges they face. Living in the country remains a viable, positive and realistic option for many young people, in spite of the difficulties. Furthermore, many young people are aware that they have an important role to play in the reconstruction of rural economies and communities. It is the purpose of this report to identify both the real challenges and the ways in which young people and their communities are already meeting these challenges.

Overview

Workers and young people who took part in the focus groups were eager to emphasise that young people in rural Australia constitute an enormously varied group, reflecting the socio-economic, gender, race and class divisions amongst rural communities, as well as the economic, regional, social and geographical differences between rural communities themselves. The literature reflects this point. At its most broad, 'rural youth' includes young people aged between 15-25 years, living outside of the metropolitan areas. According to this definition, approximately one quarter of young people are living in rural Australia. However, it is also important to differentiate 'rural Australia', because the circumstances of young people living in provincial cities is very different from those living in remote or isolated areas and each town or region is different.

From the point of view of policy formation, the uniquely remote nature of Australian rural communities needs to be taken into account. Australia's rural areas are characterised by a low density of population that makes them very different from rural communities in Europe, North America or almost any other industrialised country. The lack of population density in itself constitutes a challenge to public health and service provision. This is illustrated by the situation of workers in Dubbo, whose area of service provision stretches from Broken Hill in the west to Bourke in the north.

Others who have attempted to define the meaning of rural Australia have remarked on the difficulty of the task. As Humphreys and Weinand comment,

> The numerous attempts at definitions delineating rural from urban vary according to their focus of geographical criteria (distance from urban centres), demographic or social criteria (population size, population density, community attitudes and lifestyles), or economic criteria (land use type and intensity, occupational structure). (Humphreys and Weinand, 1989: 258).

The ABS definition of rural limits consideration to localities with population clusters of between 200 to 999 people. Those living in areas with less than 200 people are, by this definition, considered to be living in remote areas. Quixley, in her study of the experiences of young people living in rural and remote communities in Australia defined her population as young people living in population centres of between 200 and 5000 people (Quixley, 1992). However, for the purposes of this study, it was considered important to include towns and regional centres, because, like Cheers (1992) we felt that this was warranted because of the common impact of the decline in the rural economy and the common problems faced by all young Australians outside of the main metropolitan areas in each state or territory. Hence, we employ the broad definition of 'rural Australia' used by Barker and Milligan (1990), which includes all areas outside of capital cities and major urban conglomerates. Much service provision to rural areas is now provided by outreach from regional centres.

BEST COPY AVAILABLE

The literature on young people in rural Australia reflects diversity and complexity. There is a wealth of research about young people in particular communities from all parts of the country. These studies are important because they reveal the specific nature of young people's needs and the challenges they face, as well as the common themes that emerge. For example, young people in mining communities face the challenges of living in male dominated communities, in which the implications of unemployment are especially serious (Hazel, 1992). These studies tend to explore the needs of young people with regard to education, housing, recreation, or health, identifying both challenges and strategies which are useful in addressing young people's needs. Although this literature explores a wide range of issues relating to young people's health, the themes have a common ring. As one of the articles, about young people's needs in the Kimberleys comments:

> What are the issues? One could say that they are not that different to those faced by young people, agencies and workers anywhere. Like, nothing for young women, youth unemployment through the sky, failing education and training system, no voice, no say, alcohol abuse, total boredom, no options and no perception of the future (Webb, 1992).

In particular though, for young Aboriginal people, health and well being is often especially in jeopardy. There is a steady stream of literature, some written by Aboriginal people, which documents the issues, problems and responses, and a number of reports by government departments, both state and federal, which include Aboriginal people's health issues (for example, Commonwealth Department of Human Services and Health, Victorian Office, 1994). Health and well being, in Aboriginal communities, are usually understood in a holistic way, and addressed in terms of social relationships as well as structural ones. Common to this literature is the insistence that Aboriginal people have control over their lives (Garvie, 1992).

Other studies take a broader approach to rural youth issues, some of which compare urban and rural youth populations. These studies are useful in providing an overview of the unique challenges facing young people. Quixley, for example, suggests that young people in rural and remote areas of Australia experience a continuity of lifestyle that links generations and communities in complex ways (Quixley, 1993). The belief in the positive aspects of their lifestyle, even when it involves poverty, and a commitment to self sufficiency are common perspectives in these communities. She argues that because both Aboriginal and non-Aboriginal rural and remote young people grow up with a strong sense of connection with community, with tradition, it is impossible to separate 'youth' and 'community' issues. She also argues that although all communities are different, there are a number of key interconnected concerns, associated primarily with income, occupation and opportunity, which directly affect young people's health. The commitment to self sufficiency, it is suggested, has been challenged by the new emphasis on extending education and training. For young people in many rural and remote areas, these new expectations cannot be met without better transport and housing provision.

BEST COPY AVAILABLE

While common concerns may be identified, Quixley also adds the caution that the conventional 'urban program-based approach' to intervention will not be effective in small communities. Instead, she advocates the need for communities to be in control of the processes of change 'and the transition to a new version of their culture', retaining the existing strengths of these communities (1993: 20).

Despite the diversity which is encompassed by the experiences and circumstances of young people in rural areas in Australia, the available literature suggests a number of common themes relating specifically to young people's health and well being. Community studies give perhaps the best overview of what both young and older people value about living in their community - the quality of relationships, familiarity with others in the community, continuity across the generations, traditions and the enjoyment of the physical environment. Yet, not all young people appreciate or seek these qualities, and, at the same time, even for young people who value these things, there are real challenges. The very qualities that are a positive feature for some are a negative feature for others. Familiarity can seem intrusive, continuity and tradition can appear narrow-minded and institutionalised forms of recreation can be exclusive. It is ironic then, that a common issue for rural young people, even within communities, is the feeling of isolation.

In general, the findings of the focus groups tend to confirm the results of the literature review. The five communities were chosen to provide insights into small rural communities (Myrtleford and Trafalgar), larger provincial towns (Wangaratta and Wodonga), and a regional centre which serves a more remote community (Dubbo). Some young people in these communities were positive about living in the country, especially with regard to sport. Others, especially in towns which had experienced population loss as a result of unemployment were very negative about their futures. For example, one young man said he would rather die at eighteen than spend the next twenty years 'in boredom' in his country town. In most cases, young people who had completed secondary school felt that they would have to leave their community to undertake further education, even if they intended to go back later. The restrictions caused by of lack of public transport were keenly felt by young people, as well as the lack of access to education and to relevant health services.

Challenges to Health and Well Being: Structural and Cultural

The key policy document, **The Health of Young Australians** (1995) acknowledges that there are significant inequalities in health status among young people in Australia, some of which are likely to persist into adult life. It recognises that young people's health is profoundly affected by their social, economic and physical environments, especially in the context of rapid social change. Young people in the very different environments that make up 'rural Australia' share the challenge of growing up in an environment of fundamental social, economic and political change. In this section, we identify the challenges, both structural and cultural, which most affect their well being and health status.

Young people in rural and isolated communities face some common challenges, associated with isolation, and with the effects of the changing rural economy. These structural issues have a powerful effect on young people's lives, both in terms of constraints and opportunities. For young Aboriginal people, these issues are also important, but they are overshadowed by their structural location within an historical struggle over land rights, often alienated from their cultural ties and responsibilities to the land and politically outmanoeuvred. Just as important as the structural challenges are social and cultural factors which affect the lives of young people. While the conservatism, self reliance, close social networks and adherence to traditional values is a positive feature of rural communities for some young people, there are others for whom these social characteristics are also detrimental, especially in relation to gender relations, sexuality and sexual identities.

Structural Challenges to Well Being:

The following discussion of structural challenges to young people's health and well being identifies the key issues for young people which limit their full participation in rural societies. Although these issues are not a problem to all young people in rural areas, they emerged from both the literature and the focus groups as significant. The extent of geographical isolation and the low population density of rural Australia means that young people in rural communities find it much harder to 'get a life' than their peers in Australia's cities. Getting a good education, especially beyond secondary school is a challenge, and so is getting a job, accessing services and enjoying a range of appropriate entertainment.

BEST COPY AVAILABLE

a) Transport

The greater infrastructural provision within communities, the greater potential there is for young people to have a measure of control over their lives. For young people living in rural areas outside of towns and provincial centres, transport is a common problem, especially for the under 18s. The literature contains many references to the problems associated with lack of good public transport. In the focus groups too, transport was one of the most common problems mentioned by young people and workers. Lack of transport limits the access young people have to health services, to education and to employment, all of which have an adverse effect on their health. For people under the age of 18, the lack of public transport means that they are reliant on others for transport. For example, Hillier et al (1996) in a study of 860 young people in rural towns in Victoria, Queensland and Tasmania found that young people under the age of 18 were mainly driven to the nearest regional centre by their parents (84%), creating difficulties for young people whose parents are not supportive of their needs. This means that it may be difficult to ensure discretion and confidentiality about a visit to the local health centre. For young women especially, the literature suggests that in some circumstances, the reliance on older males for transport to and from social occasions has become an institutionalised form of rape, in which sex is an accepted 'payment' for transport (Hillier et al, 1996; Smith and Borthwick, 1991).

Lack of transport also limits young people's access to entertainment and leisure. Focus groups with young people in a small town in Victoria revealed that due to lack of transport to venues in larger towns (and the lack of entertainment opportunities in their own town), binge drinking at the local footy disco is regarded as the only form of entertainment. The Commonwealth Department of Human Services and Health Report (1994), an analysis of the Loddon-Mallee region of Victoria, found that transport needs were inadequately met overall. It found that within towns there was some public transport, but outside of towns, people relied on cars. Links between towns were maintained by public transport, but bus services operate infrequently, and rail links have been scaled down. People in the north west, including towns like Mildura were as likely to access services in South Australia as in Victoria, because of the difficulties of transport, and people in towns along the Murray were likely to access services across the river in NSW.

b) Health and Community Services

Health services are commonly a challenge for rural young people. At a structural level, access to services and the availability of relevant and appropriate services are a central issue. For example, a case study of rural health care services in the Wimmera, conducted in the last 1980s found that the existing imbalance in the availability of and access to health care services between rural and urban areas was becoming more, not less marked (Humphreys and Weinand, 1989: 260). They found that there was a higher ratio of patients to general practitioners in rural areas compared with urban areas, and a shortage of all other health

professionals, such as doctors, dentists and preventive services. More recently, Hillier et al (1996), found that young people in rural communities thought health services were very difficult to access. In their study, youth centres (69%), sexual health clinics (68%), family planning clinics (64%) and community health centres (53%) were thought to be difficult to access (1996: 21-22). Others have pointed out that access to health professionals is not the only issue. Relevant services are also important. For example, in the focus group discussions in a couple of the rural towns, young people revealed that they did not like going to community health centres, because they were not regarded as confidential and because they did not like the way they were treated. This reaction provides support for the provision of youth specific health services.

It is commonly mentioned that young women would prefer to see a woman doctor, (Hillier et al, 1996) and many other young people would prefer not to have to see their family doctor when it comes to issues of sexuality, drugs or other sensitive issues. The focus groups supported this finding. There are few women general practitioners in rural areas. For older young people in the Victorian focus groups, going to Melbourne was regarded as the only way to access health services that would ensure confidentiality and privacy. However, for younger people, this option was not realistic. In the larger regional centres, the focus group interviews revealed that there were medical services available that were both confidential and accessible to young people, but young people in schools were not aware of their existence and did not feel a need to have a confidential service.

The scarcity of medical practices in the country that offer bulk billing is also a problem for young people, because without bulk billing, it is difficult for young people to have privacy. For similar reasons, the location of health care services can also be an issue. If the family planning rooms or health service is located in a central and public position when young people would prefer a more discrete, back door, approach. (Wyn, 1993). Hillier et al (1996) found that lack of privacy was a major concern to young people as well as access to services.

For young Aboriginal people the lack of appropriate and relevant services remains a central issue. Health for many young Aboriginal people involves spiritual dimensions, including the ability to complete their traditional initiation ceremonies, living on traditional land and hunting (see Mukherjee, Stokes and Holdsworth, 1997). Young Aboriginal people, especially those who live in rural areas, have a health status that is of 'considerable concern' (Commonwealth Department of Human Services and Health, 1995:3). The annual death rates for young Aboriginal people in Western Australia, South Australia and the Northern Territory are double that of young Australians of the same age for Australia as a whole (Bhatia and Anderson, 1994). The provision of relevant and appropriate health services remains high priority. Brady recommends that the National Aboriginal Health Strategy and its recommendations should be strongly supported

BEST COPY AVAILABLE

> These include the principles of community control of primary health care, with the states retaining responsibility for secondary level, and other, health services (Brady, 1991: 41).

Brady also emphasises that both the National Aboriginal Health Strategy and the Royal Commission into Aboriginal deaths in Custody stressed the special role of Aboriginal community controlled organisations. In our focus groups in several communities, it was suggested that sometimes Aboriginal people are unwilling to access any government service through mistrust and fear.

Primary health care for some Aboriginal communities remains a fundamental issue. Simple public health provisions such as clean water, adequate and appropriate accommodation, and treatment and prevention of gastric, eye, ear and other infections remain a serious concern (Gray and Atkinson, 1990). Brady's research on the health of young Aborigines confirmed that young Aboriginal people in rural and remote areas face the same issues as other young rural people, but that their health is often more seriously compromised by their circumstances, especially those living in remote communities. Brady reports that one Aboriginal health service, assessed the major health problems of young Aboriginal people as: sexually transmitted diseases, alcohol related problems, poor nutrition, skin disease, problems associated with pregnancy and domestic violence (Brady, 1991: 8; Brady, 1993).

There are well documented examples of Aboriginal health services which have been successful in urban areas (such as the Fitzroy Health Service and Mullana in Brisbane), as well as more recent initiatives in rural areas. For example, in remote Northern Territory, Aboriginal health workers work in the Community Health Centres, and Aboriginal health promotion officers travel between remote Aboriginal communities. Other examples include Pika Wiya, in Port Augusta and the Community Health Centre in Amata, South Australia. However, even where services are provided, they are not necessarily accessed by young people. Young men, in particular, appear to be reluctant to seek the advice of a health professional, even at an Aboriginal health service, because of cultural reasons. The tendency to be relatively mobile also makes it less likely that some groups of young Aboriginal people in rural areas will make regular use of health services when they have health problems.

Given the difficulties of access to treatment, it is suggested that the issue of preventive measures is especially significant in rural areas. A decade ago, it was suggested that in rural communities, a medical model of health care dominated:

> Currently, a medical model, promoting the existence of tangible services in the form of hospitals tends to dominate. Thus, whereas the existence of a hospital is perceived by the public to provide good and adequate health care, some community health services, such as drug and alcohol counselling services on nutrition and work practices, are less visible despite their undeniable importance in promoting good health practices (Humphreys and Weinand, 1989).

BEST COPY AVAILABLE

Ten years later, while the hospital still provides a focus for health concerns, it is clear that health promotion and preventive medicine is a more acceptable model, as many communities now struggle to define what this means in their particular situation. Often, this means the emergence of partnerships between different types of health service. However, the evidence from the focus groups suggests that the effect of this change is yet to be felt outside of regional centres.

c) Accommodation

Although accommodation in many rural areas is cheaper than in urban areas, this is not universal. Accommodation is a common issue raised in the literature. Although the cost of housing is not necessarily expensive, this does not mean that young people have access to it. In many areas, there is a scarcity of public housing stock which young people can rent. The accommodation issue is compounded by the lack of employment opportunities in smaller towns, and the associated movement of young people to larger centres to find work. The study of the Loddon-Mallee region of Victoria, for example, found that the demand for public housing had increased rapidly in recent years. In this region, the number of applicants in February 1993 was 52,099 people, with long waiting lists (commonly 3-5 years), for most forms of accommodation.

Omelczuk, Underwood and White (1990) found that in the Albany and Pilbara region, young people with a permanent address who were accessing youth services constituted only 36%. In these areas, they noted, young people's lives are linked closely with the mining industry. If a young person is not working for the mining industry or the government, their options for employment are limited and rents are high, forcing young people in these areas rely on their families for support.

Quixley's report on young people's housing needs in rural Australia remains the most comprehensive study, providing an extensive overview of the general needs of young people, and of the specific circumstances that prevail in different communities (Quixley, 1992). Her study makes a number of recommendations aimed at improving the situation for young people with regard to the desperate need for more adequate housing, especially affordable rental stock (1992: 34). Quixley's study reveals that the key issues of education, employment, and housing are interrelated in their effects on young people's lives, and combine to have a significant effect on young people's well being.

d) Education and Employment

Across almost all rural areas, lack of educational opportunities is a serious issue. The increased importance of educational credentials in the job market has hit young people in rural communities especially hard, because in order to gain post-compulsory education or training credentials, it is common for

rural young people to have to leave home and move to metropolitan or regional centres. There has been some improvement in areas served by university campuses and TAFEs. However, because of the lack of jobs and the restricted choices for study, students in rural areas tend to be denied the opportunity to develop the kinds of 'mixes' of school and work that are now becoming common for urban students (Dwyer and Wyn, 1997). As Condliffe comments,

> Education happens in different ways to people at different times. Traditional institutional frameworks are sometimes not sympathetic or do not meet the needs of local people. There is therefore a need to provide a variety of educational offerings which allow people to access education at appropriate points (Condliffe, 1991: 159).

The literature on young people's education and training in rural areas consistently points out that educational provision is a social justice issue (for example, Robson, 1991; Stevens and Mason, 1992). Morrow (1990) points out that a string of reports have pointed out the disadvantages of rural education, including The Australian Schools Commission, (1973), Commonwealth Schools Commission Report (1987), Victorian Ministry of Education/Department of Agriculture and Rural Affairs (1989) and the Department of Employment, Education and Training, (1990). While Morrow adds that these reports also contain evidence that, in terms of class size at primary and in some cases, secondary school, rural students may be advantaged, other reports (for example, Scott, 1993) which contain more detailed information about the longer term educational needs of young people in rural areas are less positive. Often, teachers in rural areas need to develop innovative and alternative forms of education in order to respond to the particular needs of their community. This is especially evident in the literature on the education of young Aboriginal and Torres Strait Islander youth (Osborne, 1993).

Unemployment rates are higher in rural areas, and in some Aboriginal communities, as high as 95% (Commonwealth Department of Human Services and Health, 1994). Unemployment contributes directly to the destruction of rural communities, and it places greater strains on the provision of support services for those who remain. Although recorded rates of unemployment amongst both Aboriginal and non-Aboriginal rural youth are high, many are not recorded. The focus group interviews revealed that in areas where seasonal work is common, young people's unemployment is masked by the jobs they do for part of the year, to tide them over.

Unemployment remains the strongest 'push' factor for those who leave rural areas in search of work. This has been especially noticeable in the case of young people over the age of 18. The population of many rural communities is aging, as young working age people continue to leave in search of work and in order to have the levels of education and training that are now required (Commonwealth Department of Human Services and Health, 1994).

Social and Cultural Challenges to Well Being

Young people's health and well being is not related to any one factor. The structural factors identified above describe the very real complexities and difficulties that young people growing up in rural areas have to contend with. However, social and cultural factors are just as important in the health outcomes of young people. Health and well being are closely related to how young people see themselves and to the quality of relationships they have with significant others. Obviously, social and structural factors are linked, and we cannot understand the challenges for young people unless we are able to take account of the complex interaction between structural and social factors in the lives of individual young people. Several social issues have emerged repeatedly. These are discussed here.

a) Gender Relations

The literature reveals a consistent theme of problematic gender relations, (not, however, the exclusive domain of rural youth). 'Gender issues' are increasingly being recognised as one of the key social factors that needs to be taken into account in developing health promotion strategies for young people (Jolly and Wigg, 1994). The literature and research on young Aboriginal people's health mentions the seriousness of domestic violence and child abuse which are now being openly discussed in some Aboriginal communities. As Brady comments, this is an especially sensitive area, given the history of the violent treatment of Aboriginal people by whites (Brady, 1994). She quotes a worker in Broome who drew attention to the effect of the institutionalisation of young Aboriginal people on missions, as a factor affecting the quality of relationships between men and women in this generation.

Domestic violence is also an issue more widely. Coorey (1990) claims that domestic violence is a greater problem in rural areas, because of the lack of alternative accommodation, the lack of professional help and the tendency for local police to be influenced by the community values which 'turn a blind eye' to violence in domestic relationships. The difficulties faced by rural women if they try to escape domestic violence are discussed by Iley (1993), including the likelihood of victimisation from an intolerant community if women leave their husbands.

Other studies have drawn attention to the negative implications of narrow conceptions of masculinity and femininity. While this is not universal, it has become a focus in relation to a number of outcomes and practices for young people. Smith and Borthwick (1991) for example comment on the marginalisation of girls and women in rural communities, through the perpetuation of double standards and the risk of young women of being

BEST COPY AVAILABLE

negatively labelled unless they are in a relationship with a boy. Dempsey's community study of a rural community supports the view that there is systematic subordination of women in some communities (Dempsey, 1992). The focus group interviews with young people also confirmed these concerns. Young people commented that the strong commitment to sports such as football and netball tended to reinforce gender stereotypes. Although sport was often mentioned as a very positive aspect of their lives, at the same time, some were less enthusiastic about the expectation that football frequently included a heavy ('macho') drinking culture. Associated with this culture is the practice of 'bonnet surfing' and 'dirt surfing' in some communities, which put young men's health at risk.

The implications of the institutionalisation of heterosexuality are also serious for young people's chances of developing their sexual identity. An increasing number of studies are now making a link between high rates of suicide for young men in rural areas and the intolerant attitudes many of their communities have towards homosexuality. This is discussed further below in the section on suicide.

Against the background of rapid social change and social stress, Alston points out that rural women should not be seen simply as victims within traditionally conservative communities. She points out that farm women in particular constitute a formidable, if unacknowledged political force (Alston, 1996).

b) Suicide

There is disagreement over whether suicide rates for young people are higher in rural than in urban areas. Dudley et al (1992) have shown that the rate of suicide in rural areas of New South Wales has increased, particularly in rural shires and municipalities, and that the rate is higher in rural areas than in urban ones. They show that the rate of suicides for males aged 15-19 years has remained relatively stable in Sydney between 1964 and 1988 (3.0 - 3.1), but has escalated in rural shires and municipalities from 2.8 in 1964 to 14.8 in 1988 (Dudley et al, 1992). By contrast, a Queensland study (Cantor and Coory, 1993) found similar rates of suicide for young men in rural and urban areas. This study found however, that there were higher rates of male suicide in all areas of Queensland compared with NSW. However, other researchers have pointed out that although the rates of suicide for young men in many rural communities have increased, the highest rates are found among those aged 65 and over (Haines et al, 1990).

The high rate of male suicide in rural NSW is, according to some commentators, directly linked with the decline of the rural economy and the consequent stress this has placed on the health of rural people (Lawrence and Williams, 1990). Graham (1994), argues that the effects of unemployment, of poor educational opportunities and poverty itself contribute to the high suicide rate. He suggests that there is evidence that 'rural youth experience higher levels of domestic violence and homicides' and 'consume more alcohol and have readier access to firearms than their urban counterparts' (Graham, 1994: 409). Graham goes on to suggest that the very tradition of self sufficiency may prevent young men in rural communities from seeking help when they need it. Haines et al (1990), exploring the factors associated with suicide (including youth suicide) in Tasmania

reinforce the finding that people who suicide are more likely to have experienced negative social interaction and social losses and interpersonal conflict.

A number of studies have linked the high male suicide rate in rural communities with the high levels of community intolerance for gay people. Green (1996) draws on Australian and US literature to make a convincing case for linking the high rate of rural male youth suicide with the marginalising effects of rural homophobia. He argues that low self esteem, related to a knowledge that they are not accepted, and personal isolation are the conditions under which gay young men commit suicide. The point Green is making is aptly summed up in the following newspaper article which he quotes:

> ...the tragic story of Nicholas, a young gay man who failed to come to terms with his sexuality in a country town....
>
> He explained that he couldn't live up to the role of a 'typical country Catholic boy'. He knew that he would never be accepted for what he really was. 'You're shunned in the Catholic Church if you are a homosexual' a friend said.
>
> Nicholas felt his place in the church, family, school and local community would no longer exist and therefore his life was not worth living because these things were so important to him (Quoted in Green, 1996: 85-6).

Green argues that the evidence from studies in the US supports the view that 'gay and lesbian youths are at high risk of suicide' (Proctor and Grosz, 1994). These studies, and others in Australia, indicate that poor family interaction or family conflict which is unresolved is also a suicide risk factor (Tulloch et al, 1994).

c) Social Isolation and Youth Culture

Young people in Australia's rural communities have an enormous amount in common with the older people in their communities, because they share the same environment and in both Aboriginal and non-Aboriginal communities, young people have a lot to learn from the 'older generation', associated with both survival in 'the bush' and with the enjoyment of the rural environment. Sport continues to be an important source of solidarity between the generations. Yet, at the same time, young people have different interests and needs from the older people in their communities. Summed up in the inadequate term 'entertainment', this issue is raised as a concern by young people over and over again.

Young people in the focus groups identified the lack of access to movie theatres, to live theatre that is relevant to young people and to dances, discos or other forms of youth community entertainment as of great concern. The difficulties of transport pose a considerable problem, while at the same time, improvements in communications only serve to remind young people in rural areas and country towns of what they are missing out on.

The effect on young people has not been explored systematically, but young people in many country towns report being 'bored'. Some studies suggest that the lack of alternative social venues encourages young people to engage early with 'pub culture' in country towns, and contributes to the perpetuation of binge-drinking as a social event. The association between sporting activities, such as football, and alcohol use is also linked to the acceptance of alcohol abuse amongst young people.

Because young people in many rural towns do not have 'legitimate' places where they can gather, they are often seen as a social threat if they gather in public places, such as the main street, the football oval, or other places where, officially, they do not have a reason to gather. The focus group interviews found, for example, that young people in one rural town were not gathering in town to be part of the 'druggie' groups, but because they had nowhere else to be. However, their presence in town fostered a view that they were up to no good. Omulzcek et al (1990) found that young people in rural communities in Western Australia were four more times as likely to be questioned by police as young people in urban areas.

The issue of 'youth culture' and the provision made for young people within rural communities is significant, because it is an important part of developing a real sense of place for young people. As the rural sector faces the challenges of economic restructuring, the positive place of young people in the cultural life of rural Australia should not be forgotten. It is as important as the creation of jobs for young people, and as their educational opportunities. In the context of such enormous change, the creation of stronger youth oriented communities can contribute significantly to young people's well being and to their own ability to construct meaningful futures.

d) Social Division

Rural communities often have institutionalised social divisions which create inequalities and seriously limit options for young people. We have already discussed the effects of gender divisions on young people. Both race and social class also have a considerable impact on young people's well being and health. The effects of these divisions have an impact on young people's perceptions of their place in their community and on their options in the future.

Social divisions also have an impact on service provision. For example, in focus group discussions, young people mentioned divisions between the 'Aristocracy' (the traditional land owning families) and the 'landless', (seasonal workers). It was suggested that 'to belong, be respected and get a job in town, you need to have a surname that matches the street names'.

An issue brought out in the focus groups and at the National Rural Public Health Forum workshop was the relocation of people to available public housing. In recent times, the relocation of people needing public housing from big regional and metropolitan centres to the available public housing stock in rural areas and isolated regional centres also creates an added demand on already stretched services.

People who move into this situation are often in distressed social circumstances, and the lack of public transport and employment only exacerbate their problems. Furthermore, the focus groups revealed that in many towns they form a separate group, whose use of income support clashes with local traditions of self reliance. Furthermore, the steady influx of new people creates a situation of constant change.

The issue of social division is raised here because one of the issues most at stake for rural young people's well being is their sense of belonging. This dimension of rural life is one of the most important things which living in the country offers. Hillier et al found that what young people most liked about living in rural Australia, apart from environmental considerations, was 'the security of knowing most (if not all) of the people in your town and the sense of being far removed from the problems of the city' (Hillier et al, 1996: 10-11). As one young woman explained

> ...and when you're in town you're sort of you know you can say hello to heaps of people and I don't think you get as many experiences, whether they're good as bad as you do in the city ... and I think it's a more warm, loving, caring sort of community thing, everybody cares about everybody else (Hillier et al, 1996: 11).

This finding was supported strongly by our focus group interviews with young people, in which it was often mentioned that young people liked the scale of small communities, where they felt they knew everyone, including the police.

Yet, at the same time, this idyllic experience of rural life is not the reality for all young people. The effect of social class in rural areas is to preclude a real sense of belonging for many. The implications of this are most often discussed in community studies. As Dempsey comments:

Communities are more than locally-based social systems comprised of interdependent institutions. They are also composed of people who are seeking to have a range of basic needs met: recognition and acceptance as 'total persons' rather than 'just as role players' by those with whom they have face-to-face relationships, and the experience of a sense of continuity and belonging. They are often people who are looking to overcome, or at least as far as possible ignore, structural barriers (such as those of religious affiliation, gender and class) to interaction and to the emotional bonding face-to-face interaction can generate (Dempsey, 1990: 311-312).

Hence, social division in the form of class, religious, gender or class or other cultural divisions, have a significance of young people's sense of self, identity and of belonging that should not be overlooked in considerations of rural young people's health and well being.

Many of the issues raised in this discussion of social and cultural challenges to well being and health are echoed in the emerging literature on 'resilience', especially in terms of the extent to which belonging and meaningful relationships with significant others are seen as fundamental dimensions of social resilience. In the following section, the concept of resilience and its relevance for rural young people and health promotion is discussed.

BEST COPY AVAILABLE

Resilience

The concept of resilience has potential relevance to the situation of rural young people because it offers a link between urban-based programs and initiatives and the tradition of self reliance and coping with adversity that is a central value in many rural areas. While the concept of resilience may be seen as 'the latest buzz word' to come into use in the health and education bureaucracies, the practice of resilience has long been a characteristic of life in rural and remote communities. The concept focuses on positive outcomes and on the factors that promote health and well being. The idea of resilience is, for many, a welcome move away from the tendency to concentrate on negative aspects of young people's lives, which was fostered by the concept of 'at risk'. Resilience is seen as a 'natural' characteristic, associated with the biological imperative to survive (Benard, 1996).

Educationalists and youth workers are interested in resilience because it is seen to represent the capacity to protect young people from the worst effects of adverse circumstances. Protective factors which have been identified (Benard, 1991) are usually associated with the quality of young people's relationships with others.

Resilience-based strategies may offer a more politically and socially acceptable approach for schools and communities to address specific health and education issues. Programs which aim to reduce the harms of illicit and licit drug use amongst young people may well be more successful if they focus on positive rather than negative behaviour. There is some evidence that safer sex campaigns which focus on positive, health promoting behaviours have been effective in some areas, especially in reducing levels of HIV infection amongst the gay community. Furthermore, the notion of resilience intersects with the notion of self reliance and self sufficiency which is regarded as an important aspect of rural cultural values.

Yet, the literature suggests that caution should be used in accepting this approach. Although it offers some strategic benefits, it has limitations which reduce its usefulness. Resilience is a fundamentally individual concept: resilience is something that individual young people possess or develop. It does not offer an adequate grasp of the ways in which relationships, communities and broader social processes and structures create and sustain well being.

'Resilience' is both an effect of social relationships and a process itself. That is, one can identify the characteristics of those individuals who are resilient, according to objective, measurable criteria. At the same time resilience is also a process involving the interrelationships of individuals with society. However, because of the origins of the concept of resilience in developmental psychology, it is usually elaborated only in the first sense. The clear identification of these generic factors and capacities (such as autonomy or problem-solving skills) gives the concept of resilience an objective and scientific appeal, which may be misleading because it involves the use of abstract, generic categories means across very different groups of young people, in rural and urban regions, and in

Aboriginal and non-Aboriginal communities.
The focus on the individual also tends to underestimate the importance of asking 'resilience to what'? and, 'who is the judge of resilience'? Is resilience itself not a political outcome? For example, is the behaviour of aggressive boys in the school playground resilience, learned at an early age? Does it matter that their 'survival' is built at the expense of others? Hence, in terms of offering a grasp of the politics of social change, the concept of resilience masks, ignores or minimises the politics of inequality and disadvantage.

In the complex issues associated with rural young people and well being, it is difficult to see how the concept of resilience can add anything to the existing understandings and strategies. The developmental psychological concepts of self esteem, problem-solving and autonomy and the critiques of these concepts are familiar to many (Kenway and Willis, 1990).

The concept of resilience will have its greatest purchase on the circumstances of young people in rural Australia if it is used to support the shift of young people away from an individualised conception of both problems and solutions. In the face of rapid social and economic change, it is important for both individuals and communities to foster the understanding that there are common problems which have social and community-based solutions.

Challenges and Community Strategies

There are a number of issues which confront the development of policies which will contribute to the enhancement of rural young people's health and well being, related to the structural and social issues raised above. Despite these challenges, there are many communities which have developed strategies which have a positive impact on young people's lives. In many communities, individuals and organisations have developed initiatives that aim to address the concerns of young people, contributing to their resilience by providing support, acknowledgment of young people's value and affirming their role in their own community. There are many examples that could be drawn on, and the ones that are described here are intended to be illustrative and not exclusive. Because each community faces particular issues, or responds to them in particular ways, community initiatives tend to vary enormously. However, they have in common a recognition that certain processes are vital for success. These are:

a) Recognition of Low Density

As Cheers (1992) points out, Australians who live outside of the main metropolitan areas live in some of the most low density areas in the developed world. Initiatives such as the Flying Doctor service and the remote radio education service recognise the unique needs of rural people. It has been suggested that because the provision of health services to young people in rural areas is expensive on a per capita basis, health promotion in rural communities is an important strategy.

In Victoria it was found though that while health promotion is an important strategy, certain areas in real need of assistance in areas of drug and alcohol abuse would have to wait until 1999 for the Turning the Tide Project (an initiative against drug and alcohol abuse) to reach their area.

Because of the low density of the population, narrowly focused, highly specialised organisations and services are inappropriate for much of rural Australia. On the contrary, the emphasis should be on providing a wide range of services with multifunction agencies. However the need for certain specialised services remains. The difficulties of accessing specialised services can also be compounded by policy decisions. An example of this is the provision of detoxification services for young people in certain rural areas in Victoria. There is an eight bed detoxification facility located in Melbourne, but as a result of government policy which targets 'hot spots' only, certain rural areas have access to this facility leaving others with no access to much needed detoxification facilities.

b) Local Involvement

The involvement of local communities, including young people, in planning, developing, controlling, managing and providing services and programs is now regarded as integral to their success by practitioners in rural areas (Quixley, 1993; Cheers, 1992). A number of researchers have commented that 'most Australian policy formulators, service planners, and practitioners are socialised, trained and work in an urban context, and are informed by urban-based research and literature from Australia and overseas' (Cheers, 1992: 13). While concepts and models which are developed in urban areas offer important insights, it is important to understand that they cannot necessarily be applied directly to rural communities. Cheers notes that 'many urban-based welfare services are also unsuited to rural settlements because of their high public visibility because staff roles are defined too narrowly, or because of inappropriate funding and resourcing principles. For this reason too, the concept of resilience should be used with caution, given that it does not necessarily arise from the work of rural - based practitioners.

In addition, funding decisions which are made on the basis of the 'broad picture' can be especially inappropriate in particular rural settings. For example, changes to the Youth Allowance which have made young people dependent on families for a longer period are especially punitive to young people and families in rural areas in which the added high costs of transport, lack of employment and poverty make the cost of supporting young people even harder to bear.

At Beechworth Secondary College there has been an emphasis on how to engage a group of Year 9 and 10 female students as full citizens, including them in decisions about themselves, with a community based response to problem solving (Semmens and Stokes, 1997). The students perceived a lack of information and support for young people's health issues from the local health agencies. In response to this the students formed the Young Women's Project and developed a poster resource with assistance from the school and NEWomen (Goulburn North-Eastern Women's Health Service). The resource is entitled This is where it's at and will be promoted and used throughout Victorian schools with support from the health service who will facilitate workshops for students to use the resource.

c) Collaboration

There is substantial evidence that collaboration amongst agencies such as schools, health workers, youth workers, police, recreation workers and others has the potential to enhance the level of support a community can give to its young people (Stokes and Tyler, 1997). Young people's health and well being, in particular, benefits from intersectoral collaboration. However, there are also a number of difficulties and barriers to this kind of initiative.

Funding criteria, if they are not tailored to collaboration amongst agencies, can create competition. Compulsory, competitive tendering can create tensions between agencies, instead of fostering collaboration. It has been noted that the development of intersectoral collaboration has been hindered by the competitive tendering process between councils, agencies and community groups which all rely on the ever diminishing supply of government funding for their survival and for the provision of services. In one regional area it was mentioned that there would be tenderers from all the different services for a particular part of a service competing against each other.

In particularly poor communities some services can be so keen to hang on to their clients (and therefore funding) that they will not necessarily refer a client on to the most appropriate agency (see Stokes and Tyler, 1997:46).

Collaboration amongst schools, health workers, youth workers, police, recreation workers and others has the potential to enhance the level of support a community can give to its young people. Young people's health and well being, in particular, benefits from intersectoral collaboration, to:

- identify and address the gaps and duplication in service provision; and
- empower and enhance the community through their direct involvement with an emphasis on the role of young people in this process

Many rural areas have community network meetings once a month to share information about the services that are available. Focus group interviews in several areas suggest that in the smaller towns they tend to include all agencies in one meeting while in the bigger regional centres the meetings tend to be in the areas such as health, youth and koori, although there was a desire to have across agency meetings in the regional as well, especially including the education sector. An example is found in the Stawell area where people who work with adolescents and young adults, work collaboratively to assist and support each other and to proactively address local young people's needs.

d) Diversity

While there are many common challenges faced by rural communities in providing for young people's health and well being, the picture to emerge is one of local diversity and of specific needs. The only way in which this diversity will be met is through ensuring that local people are partners in all the stages of program and service provision (as discussed above). Because the problems are complex, spanning both social, and structural issues, so the strategies to address them will need to be flexible and multifaceted. Where services for health, education and employment are being developed in regional centres, increased transport to outlying areas may provide benefits. However, other communities require more local solutions, possibly around specific issues.

The needs of young people differ widely, depending on their circumstances and other factors. There are particular ways in which the needs of young Aboriginal people (for example) differ from non Aboriginal people. An example of the diversity is seen in relation to the issue of petrol sniffing in Aboriginal communities.

In South Australia and in Central Australia programs and resources developed to try to prevent petrol sniffing are based on the relationship of the young people to their land. In Indulkana in South Australia Anangu (traditional Aboriginal) young boys who had not yet taken up 'sniffing' have been taken on a trip during the Christmas holidays to Yalata and the Great Australian Bight with the theme of the trip being 'What will Indulkana be like in twenty years time?' The aim of the trip is to reinforce the virtues of not taking up sniffing and the role that they need to play in their community (Mukherjee et al, 1997).

In western New South Wales the focus groups revealed that petrol sniffing is also an issue for young Kooris, but different strategies need to be devised because many of these Koori people are part of the stolen generation who have been transported to where they live and do not have land and country.

Diversity is also reflected in differences in employment options. In one western NSW town, focus groups revealed that there was no unemployment, creating an ethos that young people will get a job, while in another town where there was very high unemployment the opposite was the case. The implication is that strategies to improve young people's resilience need to reflect local conditions.

e) Sustainability

Young people's well being will be most strongly fostered in communities in which there is a sense of continuity, and in which young people feel they can depend on the established services and personnel. Unfortunately, the experience of many good initiatives is that they have a short life, because they are so directly linked to funding provision.

Strategies need to acknowledge the amount of time taken in order to develop collaborative processes that will be sustainable and to be sustained by funding and structural support at either a regional, state or national level. For example, the collaborative program relating to the management of health care needs of students in schools initiated by the Departments of Education and Health in South Australia took around four years to develop.

An example of programs being devised at a local level, but sustained at a state level is the Health Promoting Schools initiative in Queensland different local programs are being developed in Brisbane and southeast Queensland, the population centres along the coast and the hinterland as well as in some inland regional and remote areas. The Queensland Department of Health has taken the lead in developing Health Promoting Schools by providing one position in the Queensland Education Department and providing some resources to Public Health Units across the state. One particular example is the program being developed by the Public Health Unit at Maroochydore on the Sunshine Coast. It has aimed to take a whole school approach to Health Promoting Schools by working in collaboration with schools, the Department of Education and health professionals. Their initial work has been aimed at educating

schools, education department officials and health professionals about Health Promoting Schools. The Unit has taken a developmental approach to Health Promoting Schools, beginning with whole school change rather than the identification of critical issues.

The factors that are likely to facilitate success are the support of schools, their students and the community, addressing local issues rather than departmental priorities and that better coordination or collaboration at the senior levels of the education and health departments would facilitate work at the local level (Mukherjee et al, 1997).

Gaps

The scoping exercise has reviewed a wide range of literature relating to young people in rural Australia and the issues of health and well being. While this literature has been informative, it has also revealed a number of gaps. The focus groups have confirmed the findings from the literature, as well as suggesting areas for further investigation.

a) Research

Outcomes for young people in rural Australia are little understood. The research tends to be focused on single issues, and is often at a single point in time. While this kind of research provides important descriptive information (for example, rates of suicide, types of presentation at health centres or rates of school completion), it fails to provide enough insight into the processes which contribute to these outcomes. Research on single issues tends, in focusing on one dimension of young people's lives (such as sexuality, school performance or alcohol use for example) does not provide an adequate understanding of the complexity of young people's lives. While much research describes young people's behaviours, very little research provides insights into young people's perspectives and views. It would be useful to know, for example, how young people define health.

Given that one of the most positive aspects of living in the country is the quality of social relationships, there is very little research on rural communities. Community studies provide a wealth of information about the processes that contribute to resilient communities and which foster resilience in young people.

Hence, in the research literature, there is a lack of longitudinal research on young people's health and well being, of community studies, which would provide insights into interrelationships between individuals, groups and institutions, and a lack of research which aims to understand young people as 'whole people', with complex life patterns. Finally, young people's voice is often absent.

Specific questions which have been raised but not answered in the literature include:

Age difference within 'youth': What are the health issues for older youth (18-25 years) compared with younger youth (13-17) years?

Disaffiliated youth: what happens to young people who are not school attenders? Many of the initiatives that are aimed at supporting young people assume that all young people will be in school until at least age 15, but the information from focus groups revealed that a significant group of young people in rural areas leave school before the age of 15.

BEST COPY AVAILABLE

Links with urban areas: 'Rural' and 'urban' are often contrasted, but the interrelationship between the two is seldom explored. Are there health implications in the links between rural and metropolitan areas?

Sexuality: The US research suggests that there is a link between homosexual identity and suicide amongst young men in rural areas - is this the case in Australia?

Poverty: What are the longer term implications of poverty in rural areas? For example, little is known about young people's nutrition in rural Australia.

Migrant youth: What are the experiences of young migrants who live in rural areas with their families?

Policy: How do new government policies affect young people and their families in rural areas?

b) Models of Best Practice

Some rural communities are facing the challenges which are identified in this paper, in exciting ways. There is evidence of an increasingly sophisticated understanding of inter-agency collaboration which some rural communities are practising. The literature however, does not adequately reflect the level of action. Those who are the most knowledgeable about current developments are often the least likely to research and write about the developments, because they do not have the time or resources to do so. This means that there is a serious gap in the literature on models of best practice in health promotion and health care provision for young people in rural Australia.

While 'blueprints for action' are not likely to be useful, a more systematic exploration of the different ways in which interagency collaboration is being practised would be useful. A clarification of the processes which communities use to set up sustainable collaborations would also be of value. Similarly, the processes whereby schools establish a 'whole school approach' to health (known as 'health promoting schools'), while recently documented, need to be made more widely available.

Recommendations

The following recommendations are aimed at supporting initiatives which will ensure that young people in rural communities are less vulnerable to the effects of rural recession and rapid social change. Many of the difficulties are underpinned by the lack of jobs for young people. The available evidence suggests that the best outcomes for young people will be achieved through strategies which are informed by a broad based **public health approach**, developed as a result of **local initiatives**.

There are numerous examples of community responses to the difficulties faced by young people. However most of these local initiatives face constant difficulties with funding. If the initiatives are to have a reasonable chance of having a long term impact on the lives of young people greater certainty in funding is required. Too many projects face regular threats to their funding and therefore the viability of the service. More sustainable approaches to supporting local initiatives targeting young people need to be developed.

Community responses that are locally developed and involve all the relevant sectors are very effective. Although service delivery remains fundamental, community development offers a significant strategy for the support of resilient, adaptive communities and young people.

Schools:

Schools are potentially a most important public health resource, especially where they involve links with the wider community. Whilst there is potential for schools to play an important role is addressing the health issues for young people, it should be said the schools also face a number of constraints. These constraints include:

- the school curriculum is already very crowded and therefore the inclusion or extension of teaching programs is possible but there are other competing demands
- the level of information to be provided on issues such as drugs, alcohol and sexuality varies significantly. Some young people have detailed prior knowledge, others require more basic information.
- the dilemma of the level of information required by young people to assist them with personal safety and competence versus providing information that introduces/exposes young people to potential risk.
- the level of teacher training, confidence and competence to deal with the range of health issues with the level of detail required.

Schools have a significant role to play in equipping young people with the skills to cope in society. Part of this function is to provide young people with

opportunities to develop a range of personal skills, including resilience. One example of this is Community Based Learning (CBL) for the development and application of knowledge, skills and attitudes in real-life settings and contexts.

The key issues for schools are, changing the health and human relationships curriculum to be more relevant to the needs of young people: strengthening partnerships between health providers and schools and improving young people's access to information.

The recommendations below supports action at three levels. The first is within the schools curriculum, the second within the schools' organisational and administrative arrangements and finally action which involves the school and the broader community in partnership.

It is recommended that:

1. Funding be provided to develop and pilot a human relationships program within the 'health promoting schools' framework, which specifically addresses the needs of rural communities, and is appropriate to rural communities.
2. Fund a pilot of health promoting schools where schools and community agencies work together to adopt a 'whole school approach' to addressing health issues that are relevant to young people. This would include the provision of information available through the health curriculum on services in the community.
3. Initiate a 'one stop' concept focusing on youth health issues, to be trialed in a number of small rural schools. This pilot to involve an inter-agency approach with education, health and juvenile justice contributing funds.

TAFE/Universities

A significant proportion of young people continue their education through either TAFE or University. These institutions are very important influences on the lives of young people. The systems available for the provision of information and services to young people in TAFE's and Universities are generally more informal and controlled by young people themselves. They have been demonstrated to be relatively low cost and highly effective.

Providing support services and information to young people outside existing institutions such as schools, TAFE's and Universities is enormously difficult and usually relatively costly. Therefore making more effective use of the opportunities available within these institutions makes good sense. It should also be noted that young people use other young people as their major source of information. Thus it can be seen that providing more information and better services through institutions will have a flow effect for a greater number of young people within rural communities.

There appear to be major differences in the levels of information and services provided in the larger institutions and those provided in the smaller (often regional and rural) institutions. These institutions provide opportunities for cost-effective delivery of services and more appropriate use of these facilities should be made.

It is recommended that:

A program of supporting resident (visiting) health services located in TAFE and University campuses in rural areas.

Inter-Agency Collaboration

Clearly the most effective strategies for addressing issues impacting on young people living in rural areas have demonstrated co-operation and collaboration between community agencies. At a community level co-operation and collaboration happens in many locations with the focus being on the young person. Difficulties and tensions are usually the result of competition for resources or client differences in ways of working and the demands of crisis response as opposed to community development.

The number of agencies and staff working on youth services are very few in rural areas and therefore for reasons of professional support and effectiveness of work close co-operation is essential.

The quality and effectiveness of service delivery in rural areas is negatively influenced by issues relating to a lack of co-ordination and understanding between government departments at both state and national levels and changes to funding criteria and guidelines. Many of the programs emphasise numbers of clients (young people) serviced or accessing a service and clearly this discriminates against smaller and more dispersed communities.

Co-operative approaches may enhance opportunities to emphasise the positive aspects of culture in rural communities for young people, with sporting organisations taking a leading role.

It is recommended that:

1. There be systemic support of inter-agency collaboration. This can be facilitated by the appointment of a jointly funded inter-agency coordinator in each region working with the health and education sectors tostrengthen current collaboration and support new developments in inter-agency collaboration.
2. Funding be provided to document the processes whereby communities develop successful and sustainable inter-agency collaboration which supports young people's health and well being, in both Aboriginal and non-Aboriginal communities.
3. Funding criteria be evaluated to minimise the tensions, and unproductive competition between agencies in communities and to encourage collaboration.
4. The Department of Health and Family Services collaborate with the Australian Sports Commission to develop an educational program that challenges the link between excessive drinking of alcohol and sporting culture, and to fund the participation of junior sporting organisations in the program.

Health and Other Services for Young People:

There is a range of specific services provided for young people. Many of these services do not adequately cater for the needs of rural young people. Numerous examples were given of where good quality services relating to specific issues (for example, detox units) which are provided in metropolitan areas are not available in rural areas nor can rural young people readily access these services. Confidentiality was also an issue for rural young people. For example, bulk billing is significant in gaining confidential access to appropriate medical care, however in many smaller rural communities no bulk billing is available. The lack of women doctors in many rural areas is also a barrier to some young women.

Young people are also disadvantaged by many support programs by the operational guidelines that exist. Such guidelines place unrealistic eligibility barriers on young people that often mean that they are too young, too old, living in the wrong place, at home, not at home, independent, dependent or whatever thus limiting their access to support services. For example, most programs regard youth as starting at 15 years old, but in fact there is a significant number of young people who leave school at the age of 12 or 13 who are not eligible for support services.

This research did not enable detailed investigation into the range of health issues facing Aboriginal young people. These issues were discussed in both the literature and focus groups in some detail but not sufficient to support the formulation of recommendations. Suffice to say that this are requires further study in its own right as a matter of urgency.

Many health services are provided within communities and are available to people of all ages and backgrounds. It is clear that young people do not access such services to the extent necessary. Health professionals need training and support in how to work effectively with young people and in particular issues relating to confidentiality. The provision of training and encouragement for health service providers to work in collaboration with other community groups would greatly improve current levels of servicing available to young people.

It is recommended that:

1. Bulk Billing be more widely available to young people through rural health centres and general practices.
2. The impact of income support measures, such as the Youth Allowance and Austudy be assessed in terms of their impact on rural young people and families and consideration be given to the added costs of living in rural and remote areas.
3. Young people's access to particular services, such as detoxification units and mental health professionals be mapped and improved where necessary.
4. Further consultation and research needs to be carried out into the specific needs of Aboriginal young people.
5. Where possible, the provision of youth specific services be promoted. Health service providers need to be supported to be sensitive and informed about youth culture through professional development which includes the participation of young people.

Appendix:

Examples of Community Strategies

The following programs have been implemented in regional, rural and remote areas. While all differ in their strategies and the issues that they address, all have been developed with input from the local communities. The first five examples draw on information obtained for the report The Nature of Health Service - School Links in Australia (Mukherjee et al, 1997).

"Remember the Time We Had Last Night": Launceston, Tasmania

This project was an intersectoral initiative to address a traditionally high risk situation which occurs for students at the end of Year 10 as a result of excessive alcohol consumption at the social events that accompany the end of year Leaver's Dinner and the party that follows the dinner

Three members of the Drug Education Network (DEN), Alcohol and Drug Services and the Tasmanian Police worked together to develop and deliver a program towards the end of Year 10 in two Launceston high schools. The fact that the town is small, and allows the workers from different agencies to network effectively was one of the reasons the program was able to be developed.

The program was designed around emphasising safer ways to celebrate and have a good time, while avoiding the negative social outcomes, legal implications and health consequences of young people drinking. It uses the perceptions and knowledge of the students as a key part of the program. A parent evening was arranged to let parents have their say and professional development of teachers was offered in the use of the Rethinking Drinking alcohol education program (if that was not already happening in the schools).

Although the program was judged a success, especially with the parents (who formed a support group as a result of the meeting, to address wider issues around drugs and alcohol), continuation of the program still depends on the resources to be made available.

BEST COPY AVAILABLE

The Sober Women's Group: Traditional Aboriginal Education in Yirrkala, East Arnhem Land, Northern Territory

The Yolngu (Aboriginal people) in East Arnhem Land define real knowledge as coming from older men and women in their community and being based on Gurrutu (kinship system). Unless the health messages are taught by Yolgnu using traditional methods then the messages received at school were regarded as having been imposed by Balanda (non Aboriginal) and are not important.

Educating Yolngu young people about alcohol and nutrition are two examples culturally determined and appropriate health messages. The education is based on Gurrutu, which is the kinship system for the extended family and the behaviour that is necessary to maintain the kinship systems. When alcohol was discussed it was placed in reference to Gurrutu. All children at the Yirrkala school were placed in groups to describe and discuss Gurrutu and their skin groups and the importance of Gurrutu to Yolngu (Aboriginal people). It was then shown that alcohol 'puts shyness to sleep' and that people then go off and live with the wrong related kinship group. This is wrong for Yolngu culture as it breaks down the kinship system.

The health effects of alcohol were shown to the children by cooking a wallaby. When a wallaby is cooked its liver becomes hard. This was related to alcohol to show the effect that alcohol has on peoples' livers.

The other education related to nutrition and teaching Gurrutu. Bush tucker trips were organised with the women showing the children how to hunt and to fish, crab, find turtle eggs, mussels from the mangroves, stingrays, mud crabs, oysters and clams, while talking to them about the importance of Gurrutu.

Community Health Centre Inter-Agency Approach Wangaratta, Victoria

The Ovens and King Community Health Centre and Bright Secondary College are developing a five year program, looking at structural, community and curriculum issues related to self esteem, and resiliency development with students, teachers and families. As the project is still in a developmental stage, it involves inter-agency meetings between teachers, parents, school council, community health and students to develop a response to issues and to link with the school council structure.

The aim of the program is for a reorientation of school structure and culture to increase the opportunities for young people to have input into their school direction and community decision making. At this stage this is being implemented through a change in the home group structure as well as the development of orientation programs for new staff.

While the program has positive outcomes for both the school and the community health service through the development of closer links between teachers and

health workers, providing improved referral for students and families there have been a number of issues that have needed to be worked through for the school and the community heath centre to work together in a positive way. These issues include:

- the lack of adequate and flexible funding for the program development on the school site has meant that the school and the health centre find funds from already stretched budgets;
- the differences in approach to welfare, health and discipline issues with the need for undergraduate training to address a team approach in both disciplines sited as a possible response to this barrier; and
- the need for a quick fix to problems rather than the understanding of the need for long term structural change.

Youth Mental Health and Suicide Prevention Project (Victoria)

The **Youth Mental Health and Suicide Prevention Project** is part of larger project entitled *Improving and enhancing the delivery of health services to youth* that is being conducted by the Central Highland Division of General Practice in Victoria. The aim of the project was to identify the health needs of young people in rural areas and to educate local health service providers about the special needs of this group with a view to facilitating health promotion by GPs with adolescents.

A survey and focus group interviews were conducted in the Gisborne/Mt Macedon area with young people aged between 12 and 24 years to identify the health needs of the young people and in particular to find out the types of health services that they think best suit their needs. The greatest need was in the area of mental health. Young people were confident to access a GP for physical ailments, but they preferred to talk to their friends about emotional stress and relationship difficulties rather than their parents, teachers or doctor. Young people wanted GPs to be more aware of the social, cultural and psychological factors that influence and affect their lifestyle and decisions. They needed GPs to act with empathy, confidentiality and give non-judgemental advice and support.

The project began in September 1996 and is located in four schools: Kurunjang Secondary College, Melton Secondary College, Gisborne Secondary College and Braemar College, as well as in youth health services in the communities and with the Central Highlands Division of General Practice. Central to the project is the establishment and resourcing of adolescent peer education programs in local schools which will formalise the support given to young people by their peers in times of emotional stress. The development of self esteem is seen as an integral part of the program. Fifteen young people have self selected to become involved in a training program based around providing them with accurate information on youth health issues and the networks and referrals available to help with these issues. They meet with the network agency personnel and then pass the information on to their peers.

Professional development for teachers and GPs on managing and recognising the signs of suicide in young people are conducted in conjunction with the Centre for Adolescent Health, the local Community Health Centre and local youth groups The aim is to increase GPs' awareness of how they respond to young people as well as developing an understanding as to the needs of young people.

At this stage there is no formal evaluation of the project as it is still in its infancy.

The "Be Smoke Free" Project, Maningrida (NT)

Aboriginal people in the Top End of the Northern Territory have among the highest rates of smoking in Australia and as a result suffer an enormous burden of sickness and death. Even so, there is very little information about how many aboriginal children smoke, why and when they start, and what would help to reduce smoking uptake.

The *Be Smoke Free* Project was devised in response to concerns by the community, teachers and visiting doctors about the level of smoking in the community with the objective being to describe current knowledge, attitude and practices in regard to tobacco use in school aged children, and to develop and evaluate an intervention that will be culturally sensitive and readily adaptable to other Aboriginal communities.

The initial stages of the project involved consultation with the community councils, parents, school staff, health and education staff and the Women's Centre. There was joint planning with the parties involved about aims and philosophy, as well as the development of written protocols.

In the days leading up to the *Be Smoke Free* fortnight, a survey including questions about students' knowledge of, attitudes to and behaviours around tobacco was distributed to the students at Maningrida CEC and to two other 'Top end' remote schools. After the fortnight of intensive activities, which included units of work about tobacco, health promotion activities, fitness exercises, visits from famous sports stars, a poster competition, murals, song competitions, rock concerts and the production of a CD ROM entitled *Be Smoke Free* (which had contributions from most of the school children), a second survey was given to the three schools. The aim of this was to see if the educational messages had any measurable effect on those who had participated in the activities.

As yet the evaluation has not been completed and is not available for publication, but the anecdotal evidence is that the parents and children all enjoy using the CD ROM and some children are raising health related issues with the parents and asking them to smoke outside! The CD ROM has also been useful in other Aboriginal communities.

Youth Services Centre, Wodonga, Victoria

A group of 16 year olds will meet weekly to discuss and initiate strategies around the issues of suicide, unemployment and pathways for school leavers. This group was initiated after these young people attended a youth forum in Canberra organised by young people which 400 young people attended. They will meet again in six months to discuss strategies from the different communities, nationally. At this stage the young people in Wodonga are organising a regional forum to find out the views of other young people in the area which will lead to the development of strategies to address the identified issues.

Peel Health Service, Mandurah, WA

In response to a lack of youth specific health services in the Mandurah area, the Peel health Centre is establishing a network of practising peer health educators for adolescents.

Twenty peer leaders will be identified from the local schools and youth programs to be trained over a series of twelve, two hour sessions. in youth health issues, leadership and life skills. They are then employed at the Health Matters Shop in the local shopping complex one night a week as health educators to circulate among the young people who frequent the centre to try to establish a link between the young people and the health service.

JPET, Mission Australia, Dubbo, NSW

Mission Australia has the tender for the Job Placement, Employment and Training program in the Dubbo region. The program, while federally funded, is developed according to the needs of the local communities. The program works with young people 15-21 years old who are homeless or at risk of being homeless, ex-offenders, wards of the state and refugees. The aim of the program is for young people to develop new skills to that can lead to further training or employment.

The program is a more flexible and community oriented alternative to school for this particular group of young people. One part of the program is based on community arts where the young people are working with an artist to create a series of banners for the Festival of the Red Earth which may then lead to an exhibition of the art work in Sydney.

References:

Alston, M. (1996) Backs to the wall: Rural women make formidable activists, in G. Lawrence, K. Lyons and S. Momtaz (Eds), *Social Change in Rural Australia*, Rural Social and Economics Research Centre, Central Queensland University.

Australian Schools Commission (1973) *Schools in Australia, Interim Report* (Karmel Report), Canberra, AGPS.

Barbarin, O. A. (1993) Coping and resilience: Exploring the inner lives of African American Children, *Journal of Black Psychology*, 19, pp. 478-492.

Barker, L. and Milligan, K. (1990) *Improving Services for Rural Young People: Strategies for Change*, National Youth Affairs Research Scheme, National Clearinghouse for Youth Studies, Hobart.

Benard, B. (1991) *Fostering Resiliency in Kids: Protective factors in the family, school and community*. Portland, OR: Western Centre for Drug-Free Schools and Communities. (ERIC Document Reproduction Service No. ED 335 781).

Benard, B. (1996) From Research to Practice, The Foundations of the Resiliency Paradigm, *Resiliency in Action*, Premier Issue 1-6.

Bessant, J. (1993) A patchwork: the life-worlds and "cultures" of young Australians 1900-1950, in R. White (Ed), *Youth subcultures: theory, history and the Australian experience*, National Clearinghouse for Youth Studies, Hobart.

Bhatia, K. and Anderson, P. (1994) *An Overview of Aboriginal and Torres Strait Islander Health: Present Status and Future Trends*, Australian Institute of Health and Welfare, Canberra.

Brady, M. (1991) *The Health of Young Aborigines, A report on the health of Aborigines aged 12 to 25*, National Youth Affairs Research Scheme, National Clearinghouse for Youth Studies, Hobart.

Brady, M. (1993) Health issues for Aboriginal youth: Social and cultural factors associated with resilience, *Journal of Paediatric Child Health*, 29, Supp. 1. pp. 56-59.

Cantor, C. H. and Coory, M. (1993) Is there a rural suicide problem? *Australian Journal of Public Health*, vol. 17, no. 1. pp. 382-384.

Centre for Adolescent Health (1996) *The Gatehouse Project: Engaging with Schools. Report of the Developmental Stage: 1996*, Centre for Adolescent Health, Melbourne.

Cheers, B. (1992) Rural Social Work and Social Welfare in the Australian Context, *Australian Social Work*, vol. 45, no. 2. pp. 11-21.

Commonwealth Schools Commission (1987) *Schooling in Rural Australia*, Canberra, AGPS.

Commonwealth Department of Human Services and Health (1995) *The Health of Young Australians, A national health policy for children and young people*, Australian Government Printing Service, Canberra.

Commonwealth Department of Human Services and Health, Victorian Office (1994) *Loddon-Mallee Region, Regional Needs Analysis*, Melbourne.

Condliffe, P. (1991) Bringing community services to the bush: Addressing the rural decline? in C. Boylan (Ed), *What does Social Justice Mean for Education in Rural Australia?* Sixth National Conference Proceedings, SPERA, Wagga Wagga.

Coorey, L. (1990) 'They bash wives in the country too', *Impact*, vol. 20. No. 3. p. 10.

Department of Employment, Education and Training (1990) *A Fair Go*, Canberra, AGPS.

Dudley, M., Waters, B., Kelk, N., and Howard, J. (1992) Youth suicide in New South Wales: urban-rural trends, *The Medical Journal of Australia*, vol. 156, pp. 83-88.

Dempsey, K. (1990) *Smalltown, A study of social inequality, cohesion and belonging*, Oxford University Press, Melbourne.

Dempsey, K. (1992) *A Man's Town, inequality between women and men in rural Australia*, Oxford University Press, Melbourne.

Dwyer, P. and Wyn, J. (1997) Beyond the Linear Models: Pathways and Outcomes of 1991 Victorian Exit students, Paper presented at the *CEET/NCVER International Conference*.

Garvie, G. (1992) Aboriginal Young People, *The News Bulletin*, Youth Affairs Council of Western Australia, pp 14-15.

Graham, D. (1994) Note: Adolescent Suicide in the Australian Rural Recession, *Australian Journal of Social Issues*, vol. 29, No. 4. pp. 407-411.

Gray, D. and Atkinson, D. (1990) *Review of Aboriginal health policy, Western Australia*, Community Health Research and Training Unit, Department of General Practice, University of Western Australia, Perth.

Green, E. (1996) Rural youth suicide: The issue of male homosexuality, in G. Lawrence, K. Lyons and S. Momtaz (Eds), *Social Change in Rural Australia*, Rural Social and Economics Research Centre, Central Queensland University.

Haines, J., Hart, E., Williams, C., Davidson, J., and Slaghuis, W. (1990) Trends in youth suicide in Tasmania: A comparison between youth and other suicide, in S. McKillop (Ed), *Preventing Youth Suicide*, Proceedings of a conference, 24-26 July 1990, Australian Institute of Criminology, Canberra.

Hazel, S. (1992) Working it out in the Pilbara, *The News Bulletin*, Youth Affairs Council of Western Australia, pp 17 - 19.

Hillier, L., Warr, D., and Haster, H. (1996) *The Rural Mural: Sexuality and Diversity in Rural Youth*, Centre for the Study of Sexually Transmissible Diseases, La Trobe University.

Humphreys, J. S. and Weinand, J. C. (1989) Health status and health care in rural Australia: A case study, *Community Health Studies*, vol. XIII, no. 3. pp. 258-275.

Iley, L. (1993) Life in the Past Lane, *Refractory Girl*, Issue 46, pp. 50 - 55.

Jolly, D. and Wigg, N. (1994) *Health for a Generation: A discussion paper for the development of a health policy for Australian children and young people*, Magery Institute, South Australia.

Kenway, J. and Willis, S. (Eds) (1990) *Hearts and Minds, Self Esteem and the Schooling of Girls*, Falmer Press, London.

Lawrence, G. and Williams, C. (1990) The Dynamics of Decline: Implications for Social Welfare Delivery in Rural Australia, in T. Cullen, P. Dunn and G. Lawrence (eds), *Rural Health and Welfare in Australia*, Riverina: Charles Sturt University, 38-60.

Morrow, A. (1990) What does Social Justice Mean for Education in Rural Australia, Keynote address, in C. Boylan (Ed), *What does Social Justice Mean for Education in Rural Australia?* Sixth National Conference Proceedings, Albury.

Mukherjee, D., Stokes, H. and Holdsworth, R. (1997) *The nature of health service - school links in Australia*, Report to Australian Health Promoting Schools Association, Sydney.

Omelczuk. S., Underwood, R. and White, R. (1990) Issues confronting youth in remote communities, paper presented at the *Conference of Australian Association of Adolescent Health*, Perth.

BEST COPY AVAILABLE

Osborne, B. (1993) Isolation and Culture: the challenges for teachers in Torres Strait, in C. Boylan (Ed), *Rural Education Issues: an Australian Perspective*, Charles Sturt University, Wagga Wagga.

Proctor, C. D. and Grosz, V. K. (1994) Risk factors for suicide among gay, lesbian and bisexual youths, *Social Work*, vol. 39, No. 5. pp. 504-513.

Quixley, S. (1992) *Living, Learning and Working, the experience of young people in rural and remote communities in Australia*, National Youth Coalition for Housing, Canberra.

Quixley, S. (1993) Responding to young people's needs, *Impact*, pp. 18-20.

Rethinking Drinking, You're in Control, Youth Research Centre, The University of Melbourne, Melbourne.

Robson, M. (1991) Education in Rural Victoria is a Social Justice issue, in C. Boylan (Ed), *What does Social Justice mean for Education in Rural Australia*, Charles Sturt University, Wagga Wagga.

Scott, T. (1993) Issues in education in remote rural Australia, in C. Boylan and M. Alston (Eds), *Rural Education Issues: An Australian Perspective*, Centre for Rural Social Research, Charles Sturt University, Wagga Wagga.

Semmens, B. and Stokes, H. (1997) Full service schooling for full citizenship: From theory to practice, *Melbourne Studies in Education*, forthcoming.

Smith, V. and Borthwick, P. (1991) That's How it is: Gender and Sexuality, *On the Level*, 1 (1), 8-11.

Stevens, K. and Mason, D. (1992) Making Career Choices in Rural Western Australia, in C. Boylan (Ed), *Rural Education: in pursuit of excellence*, Proceedings of the Eighth Annual National Conference, Armidale, NSW.

Stokes, H. and Tyler, D. (1997) *Rethinking Inter-Agency Collaboration and Young People*, Language Australia and the Youth Research Centre, the University of Melbourne, Melbourne.

Tulloch, A., Blizzard, L., Hornsby, H. and Pinkus, Z. (1994) Suicide and self-harm in Tasmanian children and adolescents, *The Medical Journal of Australia*, vol. 160, pp. 775-786.

Victorian Ministry of Education/Department of Agriculture and Rural Affairs (1989) *The Delivery of Rural Education and Training*, Victoria.

Webb, R. (1992) The Kimberleys - the last frontier? *The News Bulletin*, Youth Affairs Council of Western Australia, pp 20 - 21.

Wyn, J. (1993) *Young Women's Health, the challenge of sexually transmitted diseases*, Youth Research Centre Research Report No. 8, Melbourne.

Youth Research Centre

The Youth Research Centre is located within the Faculty of Education at The University of Melbourne. It was established in 1988 in response to a recognised need by the youth affairs sector for relevant and up to date research on the issues facing young people today.

The aims of the YRC are to:

- conduct relevant, coherent and reliable research on young people in Australia, with a state, national and international focus;
- assist with the development of policy and the implementation of initiatives based on research findings;
- develop strong links with the youth affairs sector, with particular attention to helping to identify and address the sector's research needs;
- facilitate communication between educators, researchers, policy makers and youth workers;
- support the research activities of university staff and post-graduate students who have a specific interest in youth affairs; and,
- enhance the professional development of staff and students by assisting them to be informed about the broader context of young people's lives.

Youth Research Centre Activities

The YRC has particular expertise in research on education, transition pathways, social justice, gender equity and employment issues as they affect young people.

The main YRC activities are:

- undertaking research and publishing the outcomes in a manner accessible to policy makers and the youth sector;
- providing information and policy advice to governments and other organisations;
- assisting and encouraging individuals or groups who work with young people.

YRC activities involve:

- undertaking small projects for groups lacking the capacity or opportunity to do so themselves;
- providing a base for post-graduate students wishing to undertake Masters or PhD research on topics related to young people and the youth sector;
- enabling academics to participate in established YRC projects, and/or undertake their own research on youth related issues;
- maintaining a youth sector resource library;
- publishing series of Working Papers and Research Reports;
- conducting public seminars and conferences on a variety of issues relevant to those working in the youth sector.